## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002329

FILED Mar 16, 2009 Secretary of State

Entity Name: GOODWILL PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 606 N. 29TH STREET FORT PIERCE, FL 34947 **Current Mailing Address: New Mailing Address:** P.O. BOX 1537 FT. PIERCE, FL 34954 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, MELVINA CLARK, EILEAN 1609 N 23RD STREET 1812 AVE M FORT PIERCE, FL 34950 US FORT PIERCE, FL 34950 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: EILEAN CLARK 03/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JOHNSON, CURTIS Name: Name: 1501 N. 21ST STREET Address: Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: CLARK, MELVINA Name: Address: 1609 N 23RD ST. Address: City-St-Zip: FT. PIERCE, FL 34950 City-St-Zip: Title: () Delete Title: () Change () Addition ALSUP, JOHNNY Name: Name: 2661 SE ERICKSON DR Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: CLARK, EILEEN Name: Address: 1812 AVE. M. Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: Title: Title: () Delete () Change () Addition MINUS, BENJAMIN Name: Name: 3901 AVENUE S Address: Address: City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEAN CLARK COS 03/16/2009